

Foster Family Home - Deficiency Report

Provider ID: 1-595829

Home Name: Leilani Domingo, CNA

Review ID: 1-595829-8

94-458 Alpine Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/14/2021

Foster Family Home

Required Certificate

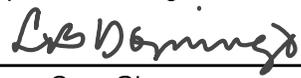
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date